



NATIVE VILLAGE OF BARROW INUPIAT TRADITIONAL GOVERNMENT

Dear Applicant,

Please choose/circle which program you are applying for:

New Construction (NC)	Renovation (REN)	Emergency Repair (ERP)
Homeless Prevention (Shelter/Hotel)	Homeless Prevention (Rent Assistance)	
Foreclosure Assistance	Inspection	Real Property Acquisitions

To assist us in keeping accurate records, please make sure to do the following:

- 1. Include copies of income verification/1040 tax forms for all members of the household.**
- 2. Include copies of Criminal Record Background of all adult members.**
- 3. Include copy of deed to any land owned (if any).**

4. Make sure to update your application.

It is the responsibility of the applicant to update his/her application every 12 months. Applicants who fail to update their application risk being placed in the "inactive file".

Updates are also necessary when jobs, family members, addresses, or phone numbers change. Even if everything stays the same, updates should be done on an annual basis.

5. Complete all questions to the best of your knowledge.

Incomplete information delays processing. Birthdays and Social Security numbers are needed for all members of household. If a section does not apply to your household, Please write N/A.

6. Other helpful information that should be included is:

If there is a disabled family member, include:

Proof and the nature of the disability (from hospital, or state agency).

Annual disability and the cost for an assistance to allow family members to work.

*** Also include any rent, utilities, or child care expenses.

QUYANAQPAK!! If you have any questions, please call Emma Hopson or Mary Lou Leavitt at 907-852-4411. We will be happy to assist you complete the application for Housing Assistance.

We have (8) types of Housing Assistance Programs:

- **New Construction (NC)**- If you do not own a home and would like to apply for a new home.
 - **Renovation (REHAB)** - If you own the home and live in the home and are requesting renovation
 - **Emergency Repair (ERP)** - If you own the home and live in the home and have an emergency request
 - **Homeless Prevention Activity Program (RENT Assistance)** - If you are a renter and receive a termination letter- due to back rent due. The applicant(s) would need to turn in a copy of the termination letter and the original contract that was signed with their landlord.
 - **Homeless Assistance (Shelter/Hotel)**- If you are homeless and need a place until you transition.
 - **Foreclosure Assistance**- If you own the home and receive a foreclosure notice for non-payment
 - **Inspections**- We can assist with obtaining an inspection for your home.
 - **Real Property Acquisition**- If you are a land owner and are selling your property.
1. **Everyone who applies is required to turn in a Criminal Background Check from the NSB Police Department** - This process is done on their own and at the cost of the applicant. You will need to go to the Police Department Dispatch and show your ID/Driver's License and also pay the required \$20.00 please provide a money order paid to the State of Alaska for each background check, make sure that the "original" is turned in with your application and we will give you the original back after making a copy. (This is a requirement by HUD)
 2. **Please make sure to also bring your Tribal Card-** you may either bring your Native Village of Barrow Tribal Card (or tribe you belong to), if you do not have NVB card you may bring your BIA card, if you do not have either of these then we will accept your ASRC card. (Please make sure you include these cards for each person listed on the application if applicable)
 3. **We will need a copy of your land deed to any land owned (if applicable)**
 4. **Please provide a copy of your 2018/2019 current year taxes** for yourself and everyone over the age of 18.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
HOUSING ASSISTANCE APPLICATION

- All questions in this application must be answered. The requested information is self-explanatory.
- This application is subject to the Privacy Act of 1974, Pub. L. 93-579

A. APPLICANT INFORMATION

1. Name: _____
Last First MI Maiden Name (if any)
2. Current Address: _____
Street Address P.O. Box # (if any)
City State Zip Code
3. Telephone Number: (____) _____ 4. Date of Birth: _____
5. Tribe: _____ Roll Number: _____
- Reservation/Rancheria: _____
6. Marital Status: ____ Married ____ Singled ____ Widowed ____ Other
If you checked "Other", please explain. _____
7. Are you Homeless? ____ No ____ Yes 8. Are you or spouse a Veteran? ____ No ____ Yes

Information About Spouse:

9. Name: _____
Last First MI Maiden Name (if any)
10. Date of Birth: _____
11. Tribe: _____ Roll Number: _____

B. FAMILY INFORMATION

List all other persons living in household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Relationship to Applicant, and Tribe/Roll Number.

Name	Date of Birth	Relationship to Applicant	Tribe/Roll Number

If you need more space, use a blank sheet of paper.

C. INCOME INFORMATION

12. **Earned Income:** Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

13. **Unearned Income:** Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

Total annual unearned income: \$ _____

14. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (earned + unearned): \$ _____

D. HOUSING INFORMATION

15.	Location of the house to be repaired, renovated or constructed. (Give address and detailed directions to this house). **DRAW MAP ON BACK OF THIS PAGE**
16.	Provide a brief description of the problems you are experiencing with your house or the type of housing assistance for which you are applying.
17.	If repair assistance is needed, do you own _____ or rent _____ this house?
	If renting, is the owner Indian? ____ No ____ Yes
	If yes, provide name of owner(s):
18.	Are you living in Overcrowded Conditions? ____ No ____ Yes
19.	Is the condition of the home in a dilapidated state? ____ No ____ Yes

Date of this application: _____

HOUSING INFORMATION, continued.

20.	Is electricity available? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide name of electric company: _____.			
21.	Type of Sewer system:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Chemical Toilet
	Water Source:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well	<input type="checkbox"/> Community Water Tank
	Other (Please describe): _____			
22.	No. of Bedrooms _____.			
23.	House Size: _____ (Square Feet)	[LENGTH _____ ft/in]	[WIDTH _____ ft/in]	
24.	Bathroom facilities in existing house:	Facility	Yes	No
		Flush toilet		
		Bathtub		
		Sink/lavatory		

E. LAND INFORMATION

25.	Do you own the land on which you wish to renovate or build this home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, can you provide proof that you can obtain land? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Provide the name of the owner(s): _____			
26.	What is the current status of the land?	<input type="checkbox"/> Fee	<input type="checkbox"/> Tribal Fee	<input type="checkbox"/> Native/Restricted
		<input type="checkbox"/> Individual trust land	<input type="checkbox"/> Tribal trust land	<input type="checkbox"/> Public Domain
		<input type="checkbox"/> Individually restricted	<input type="checkbox"/> Tribally restricted	<input type="checkbox"/> Other: _____
27.	If you do not own the land, do you have: <input type="checkbox"/> Leasehold interest? <input type="checkbox"/> Use permit? <input type="checkbox"/> Indefinite assignment or joint ownership? If so, please explain: _____			

F. GENERAL INFORMATION

		Yes	No
28.	Have you or anyone in your household ever received Housing Improvement Program assistance?		
	If yes, give amount received \$ _____; the year it was received: 19__ __; and the location of the house: _____		
29.	Do you own any other house not occupied by your family?		
	If yes, state where the house is located: _____ and who occupies it: _____		
30.	Do you live in a house built with Housing and Urban Development (HUD) funds?		
31.	Is the HUD project still under operation of an Indian Housing Authority?		
32.	Are you seeking Down Payment Assistance?		
	If yes, have you applied with USDA Rural Development or other lending institution? Please provide a copy of the credit letter.		
33.	If you are requesting assistance for a new housing unit, have you applied for assistance from:		
	• Indian Housing Authority? If yes, provide date of application: _____		
	• Tribal Credit Program? If yes, provide date of application: _____		
	• Other? From who: _____ If yes, provide date of application: _____		
34.	Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap or permanent disability?		
	If yes, provide name of family member _____ and brief description of condition. (Your servicing housing office will advise you if you must provide a statement of condition from one source, which may include a physician's certification, Social Security or Veterans Affairs determination, or similar determination).		

Date of this application: _____

G. APPLICANT CERTIFICATION

(Read this certification carefully before you sign and date your application. Sign in ink).

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the housing program or other Federal agency requires it in the performance of their duties.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate) _____

Date: _____

PRIVACY ACT STATEMENT

25 CFR 265 and 25 U.S.C. 13 authorize the collection of this information. This information is covered by the system of record notice "Indian Housing Improvement Program, Interior, BIA-10." The primary use of this information is to determine eligibility for assistance under the Housing Improvement Program. The records contained therein may only be disclosed in accordance with the routine uses and may not otherwise be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select eligible families or individuals to participate in the Housing Improvement Program. Response to this request is required to obtain a benefit in accordance with 25 CFR 256. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the applicant. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240.

Date of this application: _____





NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

APPLICANT OR PARTICIPANT STATEMENT FOR 1040 TAXES

I hereby certify that the information given to the NVB-Housing Department pertaining to the (year) _____ taxes, that ☐ **I DO NOT** file taxes, nor does anyone in my household file for taxes. (By signing as household member(s) you are agreeing to the fact, that you do not file for taxes).

** Reason(s) for not filing (reason MUST be in detail, per HUD Policies):

I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for denial of housing assistance.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Household Member

Date

Signature of Household Member

Date



RELEASE OF INFORMATION

I, _____, Date of Birth: _____ SSN: _____
(Applicant)

I, _____, Date of Birth: _____ SSN: _____
(Co-Applclicant)

Authorize:

State of Alaska Public Assistance 675 7 th Avenue Fairbanks, Alaska 99701 Tel: (800) 478-2850 Fax: (907) 451-2923		Arctic Slope Regional Corporation Stock Department P.O. Box 129 Barrow, AK 99723 Tel: (907) 852-8633 Toll Free: 1-800-770-2772 Fax: (907) 852-9457
Social Security Administration 101 12 th Avenue P.O. Box 9 Fairbanks, Alaska 99701 Tel: (907) 478-0391 Fax: (907) 456-0333	State of Alaska Permanent Fund Dividend PO Box 11462 Juneau, AK 99811-0462 Tel: (907) 465-2326 Fax : (907) 465-3470	Ukpeagvik Inupiat Corporation Stock Department P.O. Box 890 Barrow, AK 99723 Tel: (907) 852-4460 Fax: (907) 852-4459

To release information regarding any financial assistance, dividend payments or other kinds of income or public assistance to any of the following:

Emma Hopson Acting Housing Director Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel (907) 852-4411 Fax: (907) 852-4005	Mary Lou Leavitt Occupancy Specialist Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel: (907) 852-4411 Fax: (907) 852-4005	
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For the purpose of evaluating my application for services through the Native Village of Barrow Housing Department. I understand that the information released will be treated in a confidential manner and will not be released to other persons or agencies without my specific authorization. This authorization expires 90 days from the date of my signature.

Applicant

Date

Co-Applclicant

Date



APPLICANT OR PARTICIPANT STATEMENT:

I hereby certify that the information given to the NVB-Housing Department on credit, references, and tenant history is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for termination or denial of housing assistance.

I understand that after verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on HUD form 50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape.

****I acknowledge that I have received and signed a Federal Privacy Act Statement. ****
(Household Member 18 and over)

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Household Member

Date

Signature of Household Member

Date

Signature of Household Member

Date

Signature of Household Member

Date

IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, OR HAVE QUESTIONS ABOUT THE LAWS ABOUT DISCRIMINATION, CONTACT THE ALASKA STATE COMMISSION FOR HUMAN RIGHTS, AT 1-800-478-4692, OR YOU MAY CONTACT THE FEDERAL OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY AT 206-220-5170.



NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

RELEASE OF INFORMATION

I, _____, Date of Birth: _____ SSN: _____
(Applicant)

I, _____, Date of Birth: _____ SSN: _____
(Co-Appllcant)

Authorize to communicate with:

Name: Address: Ph#: Fax#:	Name: Address: Ph#: Fax#:	Name: Address: Ph#: Fax#:
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To release information regarding any Housing assistance; application; status from:

Emma Hopson Acting Housing Director Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel (907) 852-4411 Fax: (907) 852-4005	Mary Lou Leavitt Occupancy Specialist Housing Department Native Village of Barrow P.O. Box 1130 Barrow, Alaska 99723 Tel: (907) 852-4411 Fax: (907) 852-4005	
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Applicant

Date

Co-Appllcant

Date: